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ABSTRACT

This fourth chapter in "The Challenge of Counseling in Middle Schools" presents four articles on stress and suicide in early adolescence. "Stress and the Middle Grader," by David Elkind, looks at technology and stress, describes three basic stress situations, and identifies stresses common to the middle grader. Stress symptoms in middle graders are given and coping strategies and developmental guidance strategies are discussed. "Adolescent Stress As It Relates to Stepfamily Living: Implications for School Counselors," by JoAnna Strother and Ed Jacobs, presents a study conducted to ascertain what adolescents believe to be stressful and nonstressful aspects of stepfamily living and to determine whether the level of stress for adolescent stepchildren diminishes over the time spent in the stepfamily. "The School Counselor's Role in the Communication of Suicidal Ideation by Adolescents," by Mary Wellman, presents a five-stage model of suicidal behavior, discusses verbal communication of suicide intent, summarizes methods of communication of suicidal notions, and describes intervention strategies. "One Counselor's Intervention in the Aftermath of a Middle School Student's Suicide: A Case Study," by Jo Ann Alexander and Robert Harman, describes an approach used to deal with the aftermath of a student's suicide, discussing interventions used with class-sized groups, individuals, and groups of two. (NB)

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Chapter 4

The Challenge of Stress and Suicide in Early Adolescence

Students in middle schools frequently complain about the stress they experience in their everyday lives. Typical adolescent complaints include:

> Everyone is watching for me to make mistakes. Parents and teachers should pay more attention to their own mistakes.
>
> I never have any time for myself. I go to school all week and am busy with what my parents want me to do on weekends—most of which I hate.
>
> My parents want me to get better grades. What's wrong with my grades? At least I'm passing. I know lots of kids who fail everything.
>
> Everyone has a boyfriend but me. My face is so awful. No wonder I can't find someone to like me. I wish I were dead.

Adults sometimes have a tendency to discount what adolescents say, believing that most of the stress youngsters experience will pass as maturation occurs. This lack of empathy on the part of adults may leave adolescents feeling misunderstood, or worse, may foster what noted psychologist Harry Stack Sullivan called "the delusion of uniqueness,"

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which leads to feelings of alienation, to despondent behaviors, and sometimes to suicide.

Chapter 4 is about the challenges counselor's face in dealing with adolescent stress and suicide. As David Elkind observes in his article, young adolescents often rely on contemporary music to relieve their anxieties about such matters as sexual behavior and drug use because the music offers simple answers to these complex issues. He notes:

> Middle graders today are under more stress than in the past and are less prepared to cope because they have not been given the time and guidance needed to acquire a healthy sense of self-esteem and self-identity, which is the best defense against stress.

This chapter offers help to middle school counselors who are working to implement programs designed to improve adolescents' sense of worth and belonging.

Stress and the Middle Grader

David Elkind

Psychological stress is pervasive in contemporary American society. But are the middle graders of today really more stressed than this age group was in the past? This question needs to be addressed before dealing with the main issue of this article, namely, how contemporary psychological stress affects middle-grade students.

Technology and Stress

Technology, in many indirect ways, has been the most fundamental cause of the rise of psychological stress in industrial and post-industrial societies. One consequence of the growth of technology has been an exponential growth in the number and variety of our social interactions. The telephone, the automobile, and jet travel have multiplied the number of people who interact on a day-to-day basis. Qualitatively speaking, these interactions are primarily of the superficial variety. For example, an individual typically does not know the operator on the telephone, the person who takes the money at the gas station, or the stewardess on the airplane.

If technology has increased the number and variety of surface interactions between people, it has also decreased the number and variety of deep and intimate interactions with people such as parents, friends, and relatives. Deep interactions give individuals the sense of security, trust, and self-esteem so vital in dealing with stresses of all kinds. Deep interactions also promote intellectual growth; thus, the deep interactions available in small families and small teacher-student ratios at school are more conducive to intellectual growth than the more limited ones available in large families or classes. The smaller the group of people, the greater the potential for more intense and deeper interactions among those involved.

But technology has progressively eroded the deep interactions between individuals; these interactions are the source of psychological

strength and a major contributor to healthy intellectual growth. This erosion has not always been a straight line function. For example, technology brought society from the farm to the city and hence contributed to the formation of nuclear rather than extended families. Until World War II, this smaller family size enhanced deep interactions and had the effect of facilitating personality strength and intellectual development.

Following World War II, however, technology increasingly moved members of our society toward an individualistic, self-fulfillment philosophy. For example, the new technology resulted in a post-industrial society in which muscle was no longer a prerequisite for getting a job. The decline in the need for heavy labor and the growth in service and professional occupations helped to pave the way for the reintroduction of women into the work force. As the possibility of pursuing a greater diversity of careers increased for women as well as for men, the ideal that all individuals should "do their own thing" became easier to attain.

In this regard, the psychologies that promote self-fulfillment, such as Maslow's (1964) notion of self-realization, Berne's (1961) concept of being "okay," and the contemporary idea of "looking out for number one" did not produce the self-fulfillment movement. Instead, they reflected trends that were already well under way because of the thrust of technological innovation. The self-fulfillment movement has meant that, even in nuclear families, deep interactions are becoming rare because each person in the family is spending a major portion of his or her time pursuing self-fulfillment and self-realization.

This situation of increased surface interactions and decreased deep interactions highlights the unique stress of the times. The large number of surface interactions is stressful because individuals are dealing with many people on the basis of objective indices of power, status, and ability. In contrast, the individuals in deep interactions are known well and the relationships are determined by personal qualities such as kindness and sensitivity. By increasing the number of surface interactions vis-à-vis the number of deep interactions, technology has effectively made surface appearances more important in social interactions than intimate personal qualities.

This fact has been recognized by a number of recent writers in the business field (e.g., Peters & Waterman, 1982) who have urged the management of large firms to focus on deep interactions. Likewise, sociological writers have talked about the "minimal self." The point is, young people today are confronted with increased surface pressures at the very time when, because of fewer deep social interactions, they are

least capable of dealing with these pressures. Divorced parents and two-parent working families need not, but often do, cause decreased deep interactions of the kind that would give the young person the security and self-esteem needed to deal with the stress of surface interactions. In this article I describe the basic forms of surface stress encountered by young people in the middle grades, as well as some typical responses to each form of stress, and provide suggestions to assist counselors in implementing strategies that can help young people cope with stress.

Three Basic Stress Situations

Stress Situations—Type A

Some stress situations are both foreseeable and avoidable. For example, some areas of a city may be known to be dangerous, particularly at night. Such areas clearly present a foreseeable and avoidable danger. If people choose to visit such areas after dark, then they are inviting trouble. Similarly, roller coaster rides and horror movies present both foreseeable and avoidable frightening situations. But as these examples demonstrate, people do not always choose to avoid foreseeable dangerous or unpleasant stress situations.

The stress situation (Type A) is complicated when there are two competing foreseeable and avoidable dangers. For instance, for the young man who is urged by some friends to take part in stealing a car, the potential consequences of this action are clearly both foreseeable and avoidable, yet the dangers of not going along are equally foreseeable and avoidable. If the young man does not go along with his friends, he will be ostracized by them and called a sissy or a coward. In such a situation, the young man is in the difficult dilemma of choosing between two Type A situations. If he avoids one, he encounters the other.

Stress Situations—Type B

If some types of stress situations are both foreseeable and avoidable, others are the reverse, neither foreseeable nor avoidable. The most obvious example of this sort of stress is the sudden unexpected death or endangerment of a loved one. Accidents and illness are examples of stress situations that are neither foreseeable nor avoidable. In the past, stress situations (Type B) were encountered mainly with respect to loved

ones; however, as the number of our deep interactions has declined, some surface events become symbols of these deep interactions. Some young people, for example, consider good grades or winning a competition necessary to the maintenance of parental love. If a child loses, through no fault of his or her own, but because of competition, this event is experienced as a stress situation (Type B), as a loss that was neither foreseeable nor avoidable.

Stress Situations—Type C

Type C stress situations are those that are foreseeable but not avoidable. Many stresses are of this kind. Examples include going to the dentist and paying income tax and monthly bills. For middle-grade students homework, reports, and tests are foreseeable but unavoidable stress situations.

Stresses Common to the Middle Grader

Type A Stressors

Middle graders encounter numerous foreseeable and avoidable dangers. Many of these dangers arise out of the increased freedoms granted to many of today's young people. If, for example, both parents work, the middle grader may have the house or apartment to himself or herself for the hours between the time school lets out and the time the parents get home. This provides an opportunity to experiment with alcohol or sex in a relatively protected place. The availability of drugs on most junior high campuses is another example of a foreseeable and avoidable danger.

As suggested earlier, peer pressure may enter into this stress equation. A young person who is aware of the dangers of drugs or sexual experimentation is also aware of the consequences for peer group acceptance if he or she does not conform. This peer group pressure often comes as a shock to middle graders who encounter its intensity for the first time. As children, their parents and their parents' good opinion mattered most. But as part of the social and emotional metamorphosis that middle graders encounter, peer opinion counts for more, or at least as much, as parental opinion. This is a new Type A stressor for middle graders.

Type B Stressors

The prevalence of divorce among American couples is an additional Type B stressor to many middle graders. Although the signs of impending divorce may be evident in family life, most young people tend to deny them as well as the possibility that their parents will ever divorce. Accordingly, when the separation is announced, the young person perceives it as an event that was neither foreseeable nor avoidable. The parting of parents is experienced by middle graders as a loss. One of the losses is the young person's belief in the absolute permanence of the parental relationship. Lost as well is the daily interaction with the parent who leaves the home. In many cases, the absent partner spends less and less time with the middle grader.

Other Type B stressors experienced by today's middle graders also have to do with loss. For example, the moving of many families every five years or so means that many young people have to separate from friends with whom they have grown up. This sort of stress is much less common in many other societies, where a family may live in the same place for generations. Additional Type B stressors faced by today's young people come from the large number of young people who are killed, for example, in substance abuse-related accidents and suicides. Even a single suicide or accidental death in a large junior high school is taken as a serious loss by every student in the school. The impact of such events is multiplied many times both by the large size of the schools and by the publicity of the media.

Type C Stressors

To the usual admonition that one can count on two things in life—death and taxes—can be added a third. For students, this third certainty is tests. Even though they are foreseeable, tests are still stressful because there is always the element of uncertainty about the test's content and format. Academic achievement, a surface interaction, has come to take the place of the qualities of deep interaction (e.g., good character and manners). Test performance, therefore, has taken on added significance as the grounds for the reinforcement of deep attachments.

Tests, of course, are not the only source of foreseeable but unavoidable stress confronting young people. The changes in technology and the occupational structure of the society make the foreseeable and unavoidable entrance into the work force stressful because it makes preparation

for a vocation more difficult than it was in the past. With some occupations (e.g., linotype setter and tool and dye maker) disappearing and others (e.g., computer programmer and chip setter) emerging, the vocational picture for youths is unclear. It is possible to prepare for a test but less easy to prepare for occupational choices that are in a constant flux.

Stress Symptoms in Middle Graders

I have suggested that middle graders today are experiencing more stress than that age group experienced in the past. In addition, middle graders are experiencing these stressors at a time when they are more vulnerable to stress than they have ever been. The deep interactions, which are essential for attainment of a sense of security and self-esteem that are so important in coping with stress, have been diminished by changing family styles and the absorption of society in a self-fulfillment philosophy. If both the amount of stress young people are experiencing and their vulnerability to stress are increasing, then their reactions to stress will remain the same but they will increase in intensity and frequency.

Reactions to Type A Stressors

The most common reaction to Type A stressors is anxiety. Type A situations always call for some type of decision making. A person has to evaluate the possible costs against the possible gains. Such assessments are difficult at best for experienced adults. Middle graders, who have had little experience in decision making, may not know what criteria to use, where to look for the right information, and what emotional cues and intuitions to consider.

For example, a 13-year-old girl is being pressured by her boyfriend to have intercourse. On the one hand are the dangers of pregnancy, disease, lost reputation, and impaired self-esteem; on the other hand are the loss of the boy's attentions and the public humiliation that loss can bring. Then, too, there is the pressure from peers who are already sexually active and who treat the girl as immature and unsophisticated. When natural curiosity, the idealized images of romance on television, movies, and teenage romance novels are added to this, the pressures of decision making are evident. How to decide? What to do? Anxiety is a natural consequence of being placed in such a predicament.

Another example is a young man whose friends want him to experiment with drugs. On the one hand, he knows the potential dangers of getting "hooked," being caught, and destroying his future. On the other hand, there is the thrill of the unknown, the belief that he can handle things, the desire to be part of the gang and to share what now seems a mystery and excludes him from full membership in the group. How to decide? What to do? Anxiety is the natural consequence when one is faced with such a situation.

One way of dealing with anxiety is to make a decision. Making the decision does not always solve the problem, however, because some of the concerns remain. "Did I make the right decision?" "How can I get out of it, now that I am into it?" Given the freedoms available to youths today, the prevalence of anxiety over decisions regarding stress situations (Type A) is endemic. Middle graders are torn between former values that still abide in the society, such as church and moral values, and the new permissive values that seem to pervade the society.

Much of contemporary rock music, films, and rock videotapes can be interpreted as speaking to the new freedoms experienced by young people and the difficult decision making associated with such freedoms. Current cinematic productions aimed at young people also can be viewed in this way. In recent movies and television dramas, middle graders frequently are presented as wise and thoughtful, whereas their parents are presented as "nerds" or worse. A recent film, titled *Back to the Future* (Spielberg, 1985), reflects this theme. The parents of a young teenage boy are presented in a very negative light: The father is dull and inept and the mother is an alcoholic. The boy is bright, alert, and intelligent. What such films convey is "what the parents stand for is not worth much, so you are free to do your own thing."

Rock music and rock videotapes move in the same direction. They make sex something one does for fun, and they demonstrate techniques for various activities such as break dancing or disco. Sex, as presented by the media, has become another surface interaction rather than a deep interaction. Sex, therefore, can be engaged in as casually as it is on popular television programs. Violence, too, has become a surface interaction. Violence no longer has to be engaged in against those whom one hates or resents. Rather, it is permissible to hurt people for the sake of hurting them even if they have not done you any wrong. Vandalism, in which the victims are innocent of any provocation, is a good expression of surface interaction violence.

One could argue, then, that a major theme of contemporary music and drama aimed at our young people has either the implicit or explicit function of helping them deal with the anxiety over Type A stressors. By making difficult decisions seem easy and moving deep interaction issues to surface interactions, contemporary music and drama take some of the pressures off decision making and reduce anxiety. Unfortunately, the effects of these influences are at best superficial guides for today's young people, who must deal seriously with deep interaction issues.

For these youths, to whom the "pap" of the music and media is just that, the anxieties associated with freedom are excruciating. Their anxiety can take many different forms. For youths caught up in stress situations (Type A), psychosomatic symptoms are common. Stomachaches and headaches are frequent reactions among young people caught in situations involving conflicting demands. Some middle graders may repress their feelings and become shallow and superficial, flighty in thought, and sloppy in appearance and action.

Anorexia and bulimia are other reactions to the anxieties of upper middle graders. Many anorexic girls have been "good" girls who were obedient and thoughtful of their parents' wishes and subservient to their values. But when these girls reach the upper middle grades and are confronted with the choice of remaining under parental domination or moving out on their own and taking chances with peer group values and actions, they become very anxious. This anxiety becomes focused on impulse control. If these girls can control their impulse to eat, they can control other impulses as well. The refusal to eat brings the parents under the child's control. In addition, because the anorexic has no shapely curves and has become amenorrheic, she does not have to deal with the issue of whether or not to become sexually active. The increasing number of young women who suffer from anorexia is at least partly a direct consequence of the growing freedom of young girls to become sexually active.

What might be called the "seventh-grade slump" is also exacerbated by the freedoms and anxieties of today's middle graders. For many youths who have done well in elementary school, going to junior high school can be a shock. From being the oldest, biggest, and most mature students in the school, they move to a setting where they are the youngest, smallest, and least mature. Their transition is further complicated by other changes they experience, including rapid transformations in body configurations and functions, new levels of interaction made possible by new levels of thought, and new social awareness, particularly of

the other sex. Not surprisingly, then, many seventh graders decline in their studies and work habits and show a slump in interest, motivation, and, inevitably, in grades.

Although this slump was common in previous generations of middle graders, it has become much more widespread as the pressures and freedoms available to this age group have increased. In the past, the slump was bounded and limited by concerned parents and teachers, who recognized that its origins and transience had to be addressed, but they did not call for drastic action. Today, many middle graders who enter the slump period go unnoticed by parents and teachers who are too busy or too overwhelmed to accord the youths individual attention. Left unattended, however, a slump easily becomes an irreversible slide.

These are only a few of the ways in which Type A stressors, the anxiety producers, are handled by contemporary middle graders. Again, it is the combination of additional stress and inadequate preparation that is the culprit in the increase of stress symptoms in this age group.

Reactions to Type B Stressors

The basic response to Type B stressors, painful events that are both unforeseeable and unavoidable, is depression. When individuals lose something in which they have invested emotionally, they experience a sense of loss. Personal investment means, in effect, that the person, place, or thing invested in has become a part of the person. Depression ultimately involves a loss to the self. If middle graders invest too heavily in surface interactions, in what strangers will think or how they will respond to the student's actions, the possibility of loss goes through a manifold increase and middle graders become slaves to public approval.

Middle graders who move into adolescence without a solid base of deep interactions and a good sense of security and self-esteem are the most likely to suffer from an increase in the fear of loss. Such youths can become hypersensitive to peer group approval, elated when they believe they have this approval, and devastated when they perceive it to be lost. The peer group's approval can be fickle. Without warning, a rumor can spread and friends can become enemies, "wimps" become bullies, and a presumed support structure is suddenly viewed as having no more substance than a house of cards. Because so many young people are sensitive to peer group pressure, the possibility of losing peer approval and the inevitable sense of depression that follows is increased.

Other sources of depression have already been mentioned. Today, many middle-class youths, more than in any other generation, come from divorced families. In many of these families the absent parent is never heard from or seen again. Even under the best of circumstances, the noncustodial parent sees the child much less than he or she would if the divorce had not occurred. In any case, the youngster does lose a parent—even if only to a degree—when a divorce occurs. Such a loss is a powerful one and can be a major source of depression.

Depression, of course, is a normal and healthy response to loss. Indeed, one would be suspicious if a young person did not show depression when his or her parents were going through a divorce. But healthy depression has a normal cycle of reactions: initial shock when the fact is learned, subsequent anger at the parties involved, a period of denial that the event actually occurred or will occur, a period of attempts at "deal making" to undo the fact, and eventually, acceptance. Depression becomes unhealthy when the young person does not go through the whole cycle but rather "gets stuck" in one of the phases.

In my clinical practice, for example, I sometimes see young people who simply will not or cannot accept the fact that their parents are divorced or that the father or mother is remarried and has a new life. Although middle graders may intellectually acknowledge their parents' divorce or remarriage, they seem unable to acknowledge it emotionally. Years after the divorce and remarriage they still behave as if the absent parent will come back and the family will be as it once was. Often the custodial parent contributes to the child's fantasy by also refusing to accept the reality.

Other young people get stuck in the anger phase of depression. The anger spreads beyond the parents to adults and the world in general. It is the depressed young person in this phase of anger who is likely to shoot someone or to kill himself or herself if the anger is turned inward. Sometimes, or course, the depression comes from sources other than parental divorce. Some youths turn on their parents when they have been physically abused. They are depressed at the loss of the desired "good parent" and angry at the "bad parent," not only for his or her "badness," but also for destroying the pleasant fantasy of the good parent.

Still other youths never go beyond the bargaining and undoing stage. They seem always to be atoning for someone else's wrongdoing. Youths of this type are likely to get caught up with cults or religious groups that promise that wishes will come true if only one follows the right discipline, believes in the right things, and denies the wrong ones. These

children are attracted to systems that offer opportunities for changing the world. Most of them are disillusioned because they realize they have ignored their own needs and personal lives, which at some time will have to be considered.

Reactions to Type C Stressors

The most common Type C stressors for middle graders center around schoolwork and include tests, written and oral reports, and term papers. All of these stresses are foreseeable but unavoidable. Such stresses are compounded today by the great importance that is attached to academic achievement. For many young people, academic success is at the heart of their self-esteem. Getting good grades is, in the Freudian sense, overdetermined. Test scores and grades mean much more than that one has worked hard or learned something important. They come to be measures of one's value as a person.

Given this pressure, many young people react with anger, which is the most common emotional response to Type C stressors. Students who are worried about tests may get angry at the teachers for imposing them, at their parents for insisting that they study, and at the whole school system for being "dumb, stupid, boring, and worthless." These young people are really angry at themselves because they fear they cannot succeed academically. They cannot or will not accept that fact and instead project their anger outwardly while frequently denying all responsibility for their behavior.

This pattern of projected anger, finding fault, and avoiding responsibility is most common among school dropouts and so-called in-house truants, who come to school to socialize rather than to attend classes. Such youths are difficult for their parents to handle as well, often refusing to do their share of the household chores, leaving their rooms a mess, and exhibiting hostile and rebellious behavior when asked to do almost anything. Programs such as "Toughlove" (Community Service Foundation, 1980) were devised for youths who react with this "do-nothing response" to Type C stress situations.

Another type of reaction to Type C stressors reflects a different response to anger. When a youth has to come home to parents who are constantly bickering and fighting with one another, this constitutes a foreseeable but unavoidable stress situation. Although anger is the natural response to such a situation, the young person often finds it impossible to express that anger because either the parents are often not

willing to listen or the youth believes that he or she is the source of the parents' arguments. The youngsters, therefore, may turn the anger inward.

Many of these youths turn out to be among the increasing number of runaways each year in the United States. Young people today run away for different reasons than they did in the past. Barely a decade ago young people ran away toward something—a new lifestyle, an idealistic political philosophy, a guru. Today they are running away from something, most often an intolerable home situation. Sadly, many youths who run away from home become prostitutes to make a living and in so doing expose themselves to the risks of disease, exploitation, and, in too many cases, early death.

Coping Strategies

Counselors cannot change the pressures on middle graders, nor can they remove any of the factors that prevent middle graders from attaining a healthy sense of self and identity, which would help them deal with these stressors. As health professionals, school counselors often see these young people after much of the damage has been done and after destructive patterns of behavior have been established and reinforced in the children. Is there anything counselors can do? Can counselors be of help in any way? I think so.

Encourage Deep Interactions

Individuals gain a healthy sense of self-esteem and security from deep interactions, from talking and being with people to whom they are attached and who are attached to them. These are the people who support and accept a person as an individual. It is not always easy, nor is there always time, for a counselor to establish this kind of relationship with young people. Counselors, however, should use every occasion to be positive to these youths. Middle graders need to be shown and told that they are lovable and capable, even though they may sometimes act irresponsibly. This support from counselors is particularly needed by young people who have convinced themselves that they are "bad" and who engage in the self-fulfilling prophecy of destructive behavior.

Counselors can also use student support seminars to encourage deep interactions. In these seminars, the counselor meets with small groups of youths and initially tells them stories about some of the young people with whom he or she has worked. The point of the stories is to show middle graders how important it is for them to talk about what is bothering them. Counselors who use this technique typically find that middle graders readily welcome the opportunity to talk about the everyday events in their lives that trouble them. Middle graders also find others in their age group who have had similar experiences; thus, they frequently obtain spontaneous support from several group members.

Through these seminars, counselors can encourage young people to talk on a regular basis with their friends, relatives, or significant others. Counselors do not need to mention the word communication because it is too technical and does not address what middle graders really need (i.e., a chance to talk spontaneously at length about the things that are troubling them). Talking things over on a regular basis is as important as exercising, eating, and resting regularly.

It is also important for counselors to encourage deep interactions by asserting their maturity and authority. Young people need limits, values, and standards, if only to rebel against them. This rebellion can be healthy because it often facilitates the middle grader's developmental task of achieving independence.

Conflicts revolving around standards, values, and limits are healthy, deep interactions. Only someone who cares about the welfare of young people, and who is willing to insist, can convince them to talk or dress in a certain way when they are in school. Similarly, concerned counselors care about what middle graders learn and insist that they take school seriously.

For counselors to assert their maturity and to encourage other educators to do the same does not mean that they are ogres or "bad guys." Educators can set limits with concern, establish standards with hope, and express values with love. They need not be hostile and punishing if middle graders do not go along with established rules, values, or standards; instead, they can be disappointed and sad that middle graders have failed to take an opportunity to better themselves. Young people do not need adults as friends, but they do need adults who can care enough to take the risk of setting and enforcing limits. Middle graders know that adults who let them do as they please really do not care enough about them.

Developmental Guidance Strategies

If counselors are working with middle graders who are not in trouble or whose deep interactions are adequate, there are developmental guidance strategies for each type of stress situation that counselors can teach these students. In each case, it is important to identify the particular type of stress and then explore the appropriate strategies.

Stress Situations—Type A

Decision making is the critical event in stress situations (Type A), and helping young people learn to make decisions in an informed way is most helpful to young people faced with this type of stress situation. One strategy that many professionals have found useful is a three-step, decision-making process. First, identify the decision to be made and express it in a simple sentence. For example, "Should I have sex with my boyfriend?" or "Should I drink beer with my friends?" The next step is to consider as many alternatives as possible. With respect to the sexual question, some of the alternatives are (a) a definite no, (b) a definite yes, (c) postponement ("Not until I am 16" or "Not until we know each other really well and are sure of what we are doing"), or (d) consultation ("I want to talk to my doctor about it first"). Once the alternatives have been outlined, the third step is to take some kind of action.

Stress Situations—Type B

When bad things happen to good people, a typical stress situation (Type B), one has to rely on a set of values, religious or otherwise. At such times the human condition should be appreciated; that everyone is mortal and that no life is free of unhappiness, conflict, and trials. At such times, counselors can help young people change their ideas that somehow they are the only ones to which unforeseeable and unavoidable events happen.

Stress Situations—Type C

The best strategies counselors can impart to middle graders for dealing with stress situations (Type C) are good work habits. It is amazing how few students come to colleges and universities with well-established work habits. Learning to do homework promptly and on a regular basis

is an important habit of this kind. Organizing work assignments and keeping a list of things that need to be done are other useful work habits that young people can learn as effective ways of dealing with stress situations (Type C).

Summary

Middle graders today are under more stress than in the past and are less prepared to cope because they have not been given the time and guidance needed to acquire a healthy sense of self-esteem and self-identity, which is the best defense against stress. By recognizing these forms of stress and using the approaches or strategies I have recommended, counselors can help middle-grade youngsters deal with stress.

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Adolescent Stress As It Relates to Stepfamily Living: Implications for School Counselors

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The stepfamily has emerged as a significant family system in American society. The demographic data reported by Glick and Norton (1979) suggested that there is no longer a typical American family unit. Glick (1979) further indicated that the percentage of children under 18 years of age living with their two natural parents will decline from 73% in 1960 to 56% in 1990. Visher and Visher (1979) wrote that in 1964, there were approximately 8 million children living in stepfamilies, and by 1975, there were 15 million.

Despite the increasing need for investigating stepfamily living, along with training and education for therapists, the amount of empirical research in this area is limited. Lutz (1980) stated, "As the incidence of remarriage following divorce continues to rise significantly, there is an increasing need for clinicians and social scientists to examine the unique characteristics of the remarriage family" (p. 2).

The blending of two families is potentially stressful for all stepfamily members. Much of the stepfamily literature suggests that adolescent stepchildren may experience the greatest difficulty in adjusting to the stepfamily system (Capaldi & McRae, 1979; Rosenbaum & Rosenbaum, 1977; Walker, Rogers, & Messinger, 1977). Visher and Visher (1979) reasoned, "Because adolescents have developed to the point where they have become differentiated from their parents and are cognitively mature enough to observe what is going on around them psychologically, they can figure out that their parents and stepparents are themselves feeling insecure in their new roles" (p. 195). Another aspect of adolescence that may lead to stress for adolescent stepchildren is the need for them to gradually break away from the family to experience autonomy. Stepfamily adjustment may compound this aspect of the adolescent's developmental process.

The purpose of this study was to ascertain what adolescents believe to be the stressful and nonstressful aspects of stepfamily living. This study also attempted to determine whether the level of stress for the adolescent stepchildren diminished over the time spent in the stepfamily when comparing the level of stress reported by individuals living in a stepfamily less than 2 years, 2 to 3 years, 3 to 4 years, and 4 to 6 years.

Method

Participants

To obtain as true a picture as possible of adolescent stress as it relates to stepfamily living, the volunteer participants in this study were 63 male and female high school students, ages 13-18, who had entered their stepfamily during adolescence. For the purpose of this study, *adolescence* was defined as ages 13 to 18. The participants attended high school in the Marion County and Berkeley County school systems in West Virginia.

There were 28 males and 35 females. Eighteen of the participants lived with stepmothers, and 40 lived in stepfather families; five chose not to respond to this question. There were 55 who lived in stepfamilies formed after their natural parents had divorced; eight lived in stepfamilies formed after the death of a natural parent. Further data were compiled from the demographic information reported by the participants. The mean age of the participants was 15.8 years. The average length of time spent in a stepfamily was 2.76 years. Finally, the mean age at which participants became stepfamily members was 13.09.

Questionnaire

The participants provided data for this study by responding to a 41-item questionnaire designed to measure their perceived stress in 12 areas of stepfamily life.

The 12 areas of stress explored via the questionnaire are potentially stressful areas for stepchildren as discussed in much of the current stepfamily literature (Lutz, 1980; Lutz, Jacobs, & Masson, 1981; Roosevelt & Lofas, 1977; Visher & Visher, 1979). The categories are (a) biological parent elsewhere, (b) compounded loss, (c) desire for natural parents to reunite, (d) discipline, (e) divided loyalty, (f) family constellation,

(g) living with one parent before the remarriage, (h) member of two households, (i) pseudomutuality, (j) social attitudes, (k) parent's and stepparent's understanding of the stepchild's feelings about the stepfamily, and (l) unrealistic expectations. Three items were included in the questionnaire for each of the 12 categories. Five filler items were included in the questionnaire, along with three open-ended questions.

The questionnaire provided the participants with four possible choices for responding to each of the 41 items included. These choices were: 1 = not stressful, 2 = slightly stressful, 3 = somewhat stressful, and 4 = very stressful. The results of the responses are reported in mean stress scores for each of the 12 categories. Mean stress scores were also computed for each of the 41 individual questions and for each participant.

Results and Discussion

One finding of this study was that the overall mean stress score (2.12) for the 63 participants fell just above the "slightly" point on the 4-point response scale. Although there was some stress reported by each of the participants, the results indicate that the overall stress for the adolescents related to stepfamily issues was not high. It may be that much of the stress experienced by the adolescent stepchildren who participated in this study is stress related to adolescence and not stepfamily living. For example, for one of the filler items on the questionnaire, "feeling that your opinion as a teenager is not taken seriously," a mean stress score of 2.87 was yielded. This finding is indicative of potential stress experienced by adolescents in general and may not be related to stepfamily life.

Discipline

The category of discipline yielded the highest level of stress (2.52) for the participants (Table 1). Although discipline was not seen as very stressful by the participants, there was some stress reported by them. Lutz (1980) found that discipline was a significantly stressful part of stepfamily living for the adolescent stepchildren that she questioned. One explanation for these findings may be related to adolescents' developmental growth.

Some adolescents may have a particularly difficult time dealing with discipline from their parents and stepparents because of their strong need for autonomy. It is not unusual for teenagers to experience ambivalence and

Table 1
Rank Order of the Categories of Stress by Mean Stress Scores

Category of Stress	Mean Stress Score
Discipline	2.52
Biological parent elsewhere	2.28
Compounded loss	2.27
Parent's and stepparent's understanding of the stepchild's feelings about the stepfamily	2.26
Pseudomutuality	2.22
Living with one parent before the remarriage	2.20
Unrealistic expectations	2.19
Divided loyalty	2.16
Family constellation	2.10
Desire for natural parents to reunite	2.08
Member of two households	2.01
Social issues	1.50

rebellion toward their parents. They are striving for control in their lives, and a change in family structure may threaten this control.

The area of discipline is not only a stepfamily issue; problems with discipline are common in all family structures. A pilot study of 100 high school students living in nuclear families revealed that discipline was also the most stressful area of family life for those adolescents (Strother, 1981). Adolescence is a time of testing, rebelling, and seeking independence. It may be difficult for an adolescent to accept discipline from anyone, especially someone they have not known for a long time and who is not their biological parent. Therefore, the slight stress expressed by the participants concerning discipline may not be totally the result of living in a stepfamily, but stepfamily living may compound the problem for these particular adolescents.

Biological Parent Elsewhere

Another area of exploration was the category of biological parent elsewhere. Although this category was not reported as very stressful for the participants

(Table 1), the participants' responses indicated that they experience more stress in not being able to visit their absentee parent than in feeling excluded from that parent. It may be that these adolescent stepchildren have established a strong relationship with their absentee parent because of a longer history with that parent. If they feel secure in their relationship with the absentee parent, time away from that parent may not pose a significant problem.

A stress response in terms of time spent with the absentee parent could be due to the unwillingness of biological parents and stepparents to cooperate in a manner that facilitates the stepchild's visitation with the absentee parent. One possibility that is often overlooked by counselors as well as stepfamily members is that these adolescent stepchildren may prefer the stepfamily unit to visiting their absentee parent. Therefore, spending time away from the absentee parent may not be stressful for these adolescents.

Social Issues

The area of social issues was found to be the least stressful for the participants. The category of social issues incorporates issues dealing with telling others that you live in a stepfamily, explaining why your name is different from your biological parent's name, and feeling different from your friends because you have a stepparent. Muro and Dinkmeyer (1977) suggested that adolescents set norms and establish values within their peer groups. In light of the importance placed on the socialization of adolescents, the results of this study are important. These results support the Lutz (1980) study, in which social attitudes were also perceived to be the least stressful area of stepfamily living by adolescent stepchildren.

One reason why this category may not be perceived as stressful by the participants is that divorce and remarriage may be acceptable phenomena in today's society. Perhaps these adolescent stepchildren do not feel different as a result of living in a stepfamily because others in their peer group live in similar family structures. Related to this issue is the possibility that any embarrassment observed by counselors, teachers, and parents as a result of the remarriage may be short lived for the participants. It may be that because these adolescents are becoming involved in their lives outside the family unit, family issues play a less significant role in their interactions within their peer group.

Time Spent in the Stepfamily

Another finding of this study dealt with the relationship of time spent in the stepfamily to the perceived stress of the adolescent stepchildren who participated in the study. Current literature suggests that the first few years of stepfamily life may be the most stressful (Lutz, 1980; Visher & Visher, 1978). The results of this study do not support that premise (Table 2). Those participants who had lived in a stepfamily 2–3 and 3–4 years yielded higher mean stress scores than those who had lived in a stepfamily 0–2 years.

Because all the participants in this study were adolescents when they became stepchildren, perhaps the study depicts a truer picture (as compared to most of the literature) of adolescent stress as it relates to time spent in the stepfamily. When stepfamily life improves, it is not because of time spent in the stepfamily, but rather the willingness of family members to cooperate and try to understand one another. Giving false hope to stepfamily members that time alone will "make things better" seems in error for counselors.

Another factor that may be related to time spent in the stepfamily and adolescent stress may be that these stepfamily members entered the stepfamily determined to create an ideal family situation. Their overzealous efforts to create harmony may have led themselves to a false sense of family unity. After family life settles into a routine, stress may manifest itself in such areas as discipline and the relationship with the absentee parent.

The findings of this study indicate that it is possible that the first two years of stepfamily life are not perceived to be as stressful for the participants as subsequent years because stepfamily members may be "on their best behavior" during the initial stages of the blending process. It seems that stress does not necessarily diminish over time and that the first two years of stepfamily life may not be the most stressful time for adolescent stepchildren. Because the results of this study cannot be generalized to all stepfamilies, further research needs to be done in this area to assist stepfamily members.

Implications for Counselors

Although the results of this study are based on the perceived level of stress of only 63 adolescent stepchildren, there are implications that

Table 2
Mean Stress Scores of Participants According to Time Spent in the Stepfamily and Age

Time spent in the stepfamily (years)	Age (years)					
	13	14	15	16	17	18
0–2 years $\bar{X} = 1.96 (n = 13)$	1.92(3)	1.93(2)	1.89(1)	1.96(5)	2.12(2)	
2–3 years $\bar{X} = 2.49 (n = 16)$		2.17(8)	2.87(2)	2.47(2)	2.45(4)	
3–4 years $\bar{X} = 2.17 (n = 20)$			2.30(7)	2.02(7)	2.19(6)	
4–6 years $\bar{X} = 1.95 (n = 14)$				1.76(4)	1.92(7)	2.17(3)

Note. $\bar{X}$ computed from mean stress scores from individual participants.

merit consideration by school counselors who are counseling adolescent stepchildren, stepparents, custodial parents, and noncustodial parents. The overall stress score for the 63 participants was 2.12. Although the adolescents in this study noted some overall stress, the indications seem to be that these adolescents are adjusting to stepfamily living.

Unfortunately, the bulk of the stepfamily literature has been written by stepparents who entered stepfamily life with little preparation and information and by professionals who have counseled stepfamily members who are experiencing difficulty. Therefore, the literature describing positive stepfamily adjustment is scant. It is important for counselors to convey a message of hope to stepfamily members, along with strategies for coping, that the stepfamily can truly be a family unit that functions for the good of all its members.

Even though this study did not yield results that indicated stepfamily stress to be any higher than stress in nuclear families for the adolescent, counselors *can* be of help to adolescents living in stepfamilies, especially those who are experiencing stress. Because discipline was seen as a stressful area of stepfamily living for some of the participants, it would be valuable for school counselors to teach parents and stepparents more effective ways to interact with the adolescent in terms of rules and guidelines for the family. Counseling for parents and stepparents may also help them understand the complexities of adolescence and the impact that discipline may have on the teenager.

School counselors can also help the stepfamily unit by providing information and assistance regarding the adolescent stepchild's relationship with the absentee parent. Counselors can support the stepchild and the parents in developing a system, agreeable to all, concerning weekends, holidays, and other times when disagreements arise over visitation. Also, the school counselor should serve as a student advocate in these situations, especially when the adolescent is feeling pressure to visit the absentee parent or be kept from visiting that same parent.

The category of social issues has important implications for school counselors. Professionals need to be aware of the possibility that some adolescents may not need an inordinate amount of support in dealing with significant others in terms of becoming a stepfamily member. This is a factor for school counselors to be aware of when counseling adolescent stepchildren. Often, school personnel have a tendency to label an adolescent *stepchild* and decide that the student's problems revolve around that label. This study and the Lutz (1980) study indicate that the adolescent stepchildren who participated are adjusting to society's

reactions concerning stepfamilies. In fact, the social stigma attached to stepfamilies may be a myth conceived in the minds of those adults who have had difficulty in their adjustments to stepfamily life.

School counselors can assist parents and stepparents by helping them understand their adolescent's needs and feelings, by encouraging them to make positive changes, and by pointing out their unrealistic expectations for their adolescent stepchild. It may be crucial for school counselors to teach stepfamily members, especially parents, that the expression "time heals all wounds" is a myth. School counselors are in an excellent position to dispel this myth for those stepfamily members who are merely waiting for "things to get better." Time itself does not make the stepfamily unit work; it is what family members do in that time that helps to blend the stepfamily.

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The School Counselor's Role in the Communication of Suicidal Ideation by Adolescents

Mary M. Wellman

Suicide attempts and successful suicides by adolescents have become causes of major concern for school counselors, teachers, parents, and community mental health care professionals. Nationally, the number of reported adolescent suicides has increased 400% in the last 20 years (Maris, 1982). The National Center for Health Statistics (1977) reported that 57 adolescents and young adults attempt suicide each day, and of those, 13 are successfully completed. Prior to 1977, suicide was the third leading cause of death among adolescents, after accidents and homicides. Since then, the incidence of suicides has surpassed that of homicides, to become the second leading cause of death among the 15–19 age group (Mack & Hickler, 1971). This increase may have come about because there is greater professional awareness of this phenomenon in the last few decades; thus a greater number of adolescent suicides is identified and reported.

Those who work with adolescents play a vital role in diagnosing the adolescent's suicidal intent. That intent is communicated through language and action in a progression of events in the youth's life. Of suicide attempters, 80% communicate their intentions verbally prior to their attempt (Rudestam, 1971). Although the other 20% do not verbalize their suicidal ideation, their behaviors can communicate the notion that they are at risk for suicide.

Five-Stage Model of Suicidal Behavior

Jacobs (1980) proposed a five-stage model of suicidal behavior, derived from interviews with adolescents who have attempted suicide. This model is discussed in this article based on the observations of the present author. The first case used to illustrate each stage is that of Vivienne (Mack & Hickler, 1981). Although Mack and Hickler did not discuss

Vivienne's case in terms of Jacob's stages, the parallels are clear. The second two cases—Bill and Michelle—are adolescents known to the present author.

First Stage

The adolescent has a long-standing history of problems stemming from early childhood. The child perceives the parents as unloving and rejecting. There is a sense of powerlessness and loneliness.

Case 1. Vivienne seemed to suffer alienation from her mother by the age of 3. Her mother reported that Vivienne "tuned her out." In elementary school, she was socially isolated from her peers. She dressed differently, and her family was somewhat ostracized for their liberal views.

Case 2. Bill recalled that his parents constantly argued violently for as long as he could remember. His father invariably blamed Bill for every action, however innocuous. Bill was aware of his father's sexual abuse to Bill's sister.

Case 3. Michelle's parents divorced when Michelle was 5. Two years later, her mother remarried. Michelle's stepfather was cold and authoritarian, while her mother became withdrawn. Michelle, who had been an extroverted child in kindergarten and first grade, became sullen and withdrawn in the second grade.

Second Stage

Instead of diminishing or resolving themselves, the problems of the suicidal adolescent escalate at the onset of adolescence. The problems extant since childhood continue to plague the adolescent and are complicated by new difficulties.

Case 1. Vivienne's serious depression began at the onset of adolescence. She began to be more withdrawn socially and had a poor body image because she felt overweight. Her depression was not manifested to everyone. At school, she attempted to mask it by her acidic wit, and she began smoking marijuana to alleviate her symptoms. Her poor self-esteem was shown most poignantly in her diary, in which she wrote, "How can you kill nothing?"

Case 2. Bill was forced to change schools at the onset of adolescence. Failing to make new friends, he became withdrawn, often retreating to his room at home. At school, he did a minimal amount of academic work and ate lunch by himself or with one other person. His teachers

barely noticed him; he rarely participated in class and their time was spent on the more vocal and acting-out students.

Case 3. Michelle's mother began drinking heavily at the onset of Michelle's adolescence and was increasingly unavailable to her. Michelle began to act out as a result of these events. She was truant from school and was overtly hostile to her parents. Her stepfather retaliated through the use of physical violence.

Third Stage

The adolescent becomes progressively less able to cope with life stressors and exhibits more social isolation.

Case 1. Vivienne attempted to cope with her life stressors by forming an alliance with her teacher. When that teacher relocated to California and was unavailable to her, she grew more depressed. Vivienne's bond with her sister was also broken when Laurel transferred to a new school.

Case 2. Bill began to abuse alcohol in his retreat from his family and school problems. He rarely spoke to anyone but began reading material connected with death and suicide.

Case 3. Michelle began to avoid going home, often staying at a friend's house overnight. She was engaged in a number of short-lived sexual relationships and was abusing a variety of drugs, using whatever became available to her. Her parents desired to have her removed from the house. The school referred Michelle to a social welfare agency, and she was placed in an adolescent residential center.

Fourth Stage

The adolescent is involved in a series of events that dissolve the remaining social relationships and cause a "last straw" phenomenon. The suicidal youth feels that there is no remaining hope.

Case 1. Vivienne found herself in the middle of her family's upheaval, which involved an imminent move to a new community and her father's professional dislocation. She wrote in her diary, "I am of no use to anyone."

Case 2. Bill had been involved in an auto accident in which he had suffered several broken bones and some internal injuries. He was hospitalized for a week, then released.

Case 3. Michelle ran away from the adolescent residential center where she had been placed. After several meetings with her social worker, it was discovered that Michelle was pregnant.

Fifth Stage

During this final stage immediately preceding the suicide attempt, the adolescent goes through the process of self-justification of the suicide.

Case 1. Vivienne wrote, "Death is going to be a beautiful thing."

Cases 2 and 3. Because no written records (diaries or suicide notes) were left, we have no glimpse at the internal process described in this stage.

Discussion

In these five stages, a steady downward spiral occurs, whereby problems and stressors escalate. The adolescent attempts a variety of coping mechanisms and becomes progressively more isolated. The behavioral pattern follows a predictable course. The acting-out behaviors of alcohol or drug abuse, sexual promiscuity, and running away from home are seen as coping mechanisms. They are methods of escaping from the inner and outer turmoil of the adolescent's existence; they are also manifestations of the depression the adolescent feels. The professional working with adolescents who is cognizant of this series of events and behaviors can more easily identify the adolescent who is at risk for suicide.

Verbal Communication of Suicide Intent

A second method of communicating suicidal notions is through a two-step progression. The first step is characterized by the adolescent's verbal communication with persons he or she trusts, accompanied by experimentation with death, often called a *suicidal gesture.* The second step is a period of silence in which a lethal method of suicide is attempted. Some adolescents proceed immediately to the second step with no verbal warning. Some may never reach the second step because their experimentation with death is accidentally fatal.

First Step

In the first step, methods of experimentation include wrist slashing and medication overdosing. These methods do not usually cause death because the adolescent victim is found and treated in time, but if intervention is not forthcoming, the experiment becomes fatal. Therefore, this type of suicide attempt, often called *the cry for help*, is not to be taken lightly. Many adolescents never reach the second step because they receive adequate ongoing intervention after the first suicide attempt. This type of attempt is usually preceded by verbal remarks by the adolescent regarding his or her lack of self-worth, his or her burdensome nature, and the feeling that he or she will not be around much longer. In addition, the adolescent may write a suicide note and distribute his or her personal belongings.

Second Step

In the second step, after one or several suicide attempts have failed to either resolve the adolescent's life problems or result in death, the attempter takes more drastic measures, such as use of firearms or hanging. At this step, the adolescent is usually silent with regard to his or her intent. To communicate verbally would result in outside intervention, which the adolescent no longer desires.

Case 1. Vivienne told three people of her suicidal intent and attempts. It seems that all three denied the possibility to themselves; none could accept the fact that she really would kill herself. In fact, Vivienne attempted to strangle herself in front of a mirror several times. "I know what my dead face will look like," she wrote. Furthermore, her family was aware that she had attempted to overdose on medication. Finally, in the last stage, she hanged herself in the basement of her house.

Case 2. Bill, at first glance, seems to be one of the adolescent victims who omits the first step and immediately attempts a lethal means. Three weeks before his death, however, he had been hospitalized because of the auto accident mentioned previously. One can speculate that the accident may have been a suicide attempt, as much evidence for this pattern exists (e.g., American Academy of Pediatrics, Committee on Adolescence, 1980). After recuperating at home for two weeks following his hospital discharge, Bill fatally shot himself.

Case 3. Michelle had been living on the street. She refused to remain in any of the placements offered by social welfare, and although she met regularly with her social worker, she was mute during the sessions. Her

parents refused to allow her to live at home. She was three months pregnant and elected not to have an abortion. She spent much of her time visiting fellow homeless adolescents in the hospital who had attempted suicide. Although she has not yet made any suicide attempts, she is certainly at high risk. Had recognition of Michelle's problems and intervention begun at Jacobs' (1980) first and second stages, perhaps the downward spiral would have been averted.

These cases illustrate that adolescents do communicate their depression and suicidal thoughts through their conversations with friends, their withdrawal and social isolation, or their acting-out behavior. Recognition of these symptoms by school counselors and teachers could bring about earlier intervention. In addition, because many teachers and counselors are not comfortable dealing with issues of suicide, a series of inservice workshops designed to help school personnel deal with their own feelings about suicide, as well as recognize and respond to students with suicidal depression, would be of great benefit. Ross (1980) reported on such a program instituted in California for high school counselors, teachers, and nurses. In this program, group discussions helped to alleviate anxiety concerning adolescents' suicidal thoughts and quelled fears of precipitating a suicide by broaching the topic with a student.

Summary of Methods of Communication of Suicidal Notions

An adolescent whose life follows the pattern exhibited in Jacobs' (1980) stages and who communicates some of the following verbal or behavioral messages may be considered at risk for suicide:

1. prevailing sadness, lack of energy, difficulty in concentrating, loss of interest or pleasure in usual activities, or atypical acting-out behaviors, anger, belligerence to authority figures, alcohol/drug abuse, sexual promiscuity, and running away from home;
2. academic failure in school, often accompanied by the adolescent's feelings of disinterest or helplessness;
3. social isolation—lack of close friends or confidants—even though the adolescent may have superficial contact with a group of peers;
4. disharmony or disruption in the family, divorce, separation, alcoholism, and physical or sexual abuse;

5. recent loss of or suicide attempt by a loved one or family member and/or break-up with boyfriend or girlfriend;
6. atypical eating/sleeping patterns—either excessive increase or decrease;
7. verbal remarks about sense of failure, worthlessness, isolation, absence, or death and written stories, essays, or art projects displaying the same themes;
8. collecting pills, razor blades, knives, ropes, or firearms;
9. giving away personal possessions and writing a suicide note; and
10. previous suicide attempts.

Intervention

Often a teacher will first identify the adolescent at risk because of daily contact and will bring the matter to the attention of the school counselor. The adolescent should be seen by the counselor immediately. By showing concern for the adolescent and through active listening, the counselor can assess the gravity of the situation. Support for the adolescent should be offered. Inform the student that your concern warrants a team meeting.

The adolescent is referred to the multidisciplinary planning and placement team. The school psychologist, administrator, and parents are notified at once, and the team meets without delay. At the team meeting, parental resistance and denial may be evident. The team needs to hear the fears of the parent, offer support, and be united in the presentation of the need for a thorough psychological evaluation and possible outside referral. If the parents are still resistant, suggesting an evaluation for the purposes of nullifying the gravity of the situation is often a tactic that is successful.

The school counselor, as a member of the team, may also be involved in referring the adolescent and the family to other necessary social service agencies at this time. During this process, the school counselor needs to provide ongoing support and counseling for the adolescent. Parental pressures on the adolescent may escalate at this time, and environmental stress from the assessment by various professionals may make the adolescent more unstable.

The school counselor must help coordinate his or her own efforts with those of the classroom teachers and the school psychologist, so that the adolescent does not receive conflicting messages. The school

counselor as part of the team coordinates and reviews reports and input from outside agencies and in-school assessment and helps decide on an appropriate course of action in treating the adolescent, ranging from possible hospitalization to counseling and support services for both adolescent and parents. School counselors and teachers need to know the various ways in which adolescents communicate their suicidal ideation and strategies in intervention to prevent further escalation of the incidence of adolescent suicide.

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One Counselor's Intervention in the Aftermath of a Middle School Student's Suicide: A Case Study

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Four young people have died of suicide within the last month in our county. The second of these was Jason, a 13-year-old student in the middle school in which I am a counselor. The first death occurred on Valentine's Day, and Jason's followed by three weeks. The subsequent two deaths occurred in other parts of the county within a week of Jason's death. These events seem like a poignant validation of the "Werther" effect (Phillips, 1985)—the tendency of humans to imitate.

It is important for school counselors to have skills not only in programming for suicide prevention but also for intervening in the aftermath of suicide. Existing literature, however, offers little to prepare counselors—particularly those in school settings—for this role. Researchers (Calhoun, Selby, & Faulstich, 1982; Calhoun, Selby, & Selby, 1982) have reported on the aftereffects of suicide, but few actually (Hill, 1984; Zinner, 1987) have discussed the ways in which a counselor might intervene.

In short, I had little from the professional literature to inform me when I learned of Jason's death. My task, as I identified it, was to help our young people grieve over Jason, to assist them in the process of letting go of him, and to minimize the likelihood of copycat suicides. I did not know what to expect in terms of their response to the news. I was coordinator of guidance in the school, in which we had three counselors, one per grade level, and approximately 1,000 students. I was assigned to the sixth grade, in which Jason had been a student.

Fortunately, I had been a Gestalt therapy trainee for two years. Also, I had some specific training in working with suicidally depressed adolescents and had done considerable reading in this area. It was with this preparation that I began my interventions. The approach described

below should not be used by counselors without the support of comparable theory, knowledge, and skill.

After I decided that the most effective use of my time would be to work primarily with those 150 students with whom Jason had daily contact, I met with the faculty to prepare a consistent and appropriate schoolwide response. We agreed not to eulogize Jason but to focus in public on our feelings of grief, shock, loss, fear, and even anger. We would not glorify his act, nor would we ignore that which we would miss about him.

In my work with students, I relied heavily on my knowledge of the theory and practice of Gestalt therapy. My task was to enhance students' awareness of their thoughts, feelings, and sensations about the death of a classmate and also to help them learn to express themselves in ways that might be more nourishing to themselves and to others at this time of trauma. With awareness, students might have more choice about how to respond both to Jason's death and to their feelings of isolation, hopelessness, and despair. My intent was to involve each student in his or her present experience in as many ways as possible; I began by visiting six of Jason's seven daily classrooms. Access to these classrooms was not difficult: Six teachers were delighted and relieved to accept my offer to work with their students; only two remained in the classroom to participate in my one class period intervention. One teacher chose to work with his students himself.

Class-Sized Groups, Individuals, and Groups of Two

Jason chose to die with his goodbyes left unsaid. His act was abrupt and blunt. So as not to deflect from the quality of his act, I entered each classroom and announced, "I'm here today to help you say goodbye to Jason Davis. Jason is dead. He committed suicide. . . . He won't be back. . . . Where did Jason sit?"

Most suicides constitute an unfinished gestalt. In these cases, goodbyes are left unsaid, and the question of why a life was taken is left unanswered. Jason's was no exception. The purpose of my work, then, was to encourage students to say goodbye to Jason as a preface to letting go, to experience the collective and individual responses to his death in the here and now, to open avenues for intimate relating, and to explore constructive ways of coping with the situation.

Students acknowledged sadness and anger. My responses were intended to legitimize their feelings of betrayal and resentment. Those who had been the targets for some of his obscure signals were given the opportunity to cry and to speak to Jason's empty seat to tell him of their anger, resentment, betrayal, guilt, grief, confusion, sadness, and emptiness. Also, they were able to tell him what they would have done for him if they had known he was troubled. Others, as well, were given the opportunity to address Jason's empty seat, telling him what they would like him to know. Each was encouraged to end his or her statement with ". . . and goodbye, Jason."

For some, this experience seemed too threatening or overwhelming, so yet another mode of expression was offered: the nonverbal, subvocal goodbye. Students were invited to look at Jason's seat and imagine saying goodbye to him and to imagine telling him what they would like him to know. If time permitted, some classroom groups were given the opportunity to write their goodbyes to Jason. The exercise was varied in the art class to allow for another avenue of expression, that of artistic representation of feelings.

Whenever a student exhibited strong emotion, I invited classmates to respond directly to that student. The students were exceptionally kind, caring, and supportive in their relating with each other. Many pleaded with their peers, "Please don't leave me. I'll help you." Others said, "I'm afraid I'll kill myself."

As the day progressed, I noticed that some students had been present in previous classes, so I invited them to remain in the classroom or gave them an opportunity to go to the library instead. Only one child, Jason's closest school friend and classmate in all of his seven classes, elected to go to the library. He did, however, choose to participate in five classroom sessions and requested two additional sessions, one of which is described in the section below.

At the conclusion of these classroom sessions, I offered the opportunity for additional counseling. As a result, several students sought individual or dyadic (students in pairs) sessions. Because of an expressed continuing need, I formed a small group that met once and another small group that met weekly for the remaining three months of the school year. The individual and dyadic sessions, as well as the small-group sessions, were similar to the work done in the classrooms but with more intense, focused attention.

Small-Group Sessions

Initial Group

The group sessions proved to be by far the most intense of the counseling sessions that I conducted. I employed with these students a projective technique adapted from that suggested by Oaklander (1978). Students were asked to think for one minute about Jason and his death. When time was called, they each were provided with a large sheet of paper and some crayons, and they were asked to express their feelings on paper in colors, lines, shapes, and symbols. I paid attention to how each student approached and continued the task as well as to the picture itself. This proved valuable in helping students to reown previously disowned parts of themselves and to identify some who currently might be considered at risk.

The drawing of one student, Jason's closest school friend, seemed very simple and resembled the letters, "JOI." In speaking as though he were each part of his drawing, he described his own feelings of emptiness, loneliness, and confusion, as well as his own suicidal fears:

> This is the part of my brain that says, "Do it."
> This is the part of me that says, "Don't do it."
> I'm a hook with a sharp end. I can hurt you.
> I'm going round and round.
> I'm left hanging. I'm empty inside.
> I'm straight and bright and happy when I don't think about Jason.

A portion of our subsequent time was spent on his belief that he must keep himself busy so that he would not think about Jason. His fear was that if he thought about Jason, he might hurt himself. Consequently, this child was expending a tremendous amount of energy in his attempts *not* to acknowledge his feelings and was experiencing a great deal of anxiety. In the group setting, he was able to express his feelings in a safe environment and to receive caring and support from group members.

Subsequent Group

As a result of several students' expressed continuing need, I formed a long-term group and held weekly sessions for the remaining three

months of the school year. This group was composed of six girls, three of whom had been in the initial group and wanted to continue. Because some closure had been reached for the other two members of the initial group, I formed another group, which was to meet for 12 weeks. During the first session, Lynne was observed tearing pieces from her notebook as she spoke about her sadness and confusion. In the Gestalt mode of staying with "what is," Lynne was invited to continue to tear her notebook and to see where that might bring her. When asked to give her hand a voice, she said, "I'm tearing up my notebook in little pieces." When asked if there was anyone in her life she would like to tear up, she replied, "Yes. Jason and me."

I directed her to "tear Jason up, tell him how you feel about his leaving you." After she completed her response to Jason, I invited her to become the pieces and give them a voice, at which time she described being "all torn up, broken, nothing but a pile of pieces . . . I should have done something to stop him. I knew. It's my fault. I hate myself."

Lynne seemed to be making progress on undoing her process of retroflecting (turning back onto herself) her anger and destruction when Anna tearfully interrupted, "This is the second time this has happened to me. My brother committed suicide." At this point, the focus of the group's attention turned to Anna.

During Anna's intensive work on her brother's suicide, many of her comments suggested that she believed her peers were laughing at her, thinking she was dumb. So that she could become aware of what was really out there, I invited her to look at each person and to tell me what she observed. She reported seeing each person looking at her and not laughing, but she was still imagining she was dumb.

I told her to "look at each person." At this point, she perceived much genuine warmth from the group members. In addition to the support being given to Anna, each student was now voluntarily holding hands with one or two other group members. The group ended with each girl looking directly at one or more of the other group members and clearly stating what she needed from that other person. Many said, "Don't be my friend and leave me like Jason did."

Many of our subsequent sessions proved to be as intense. During our third session, four of the six members revealed that they had attempted suicide. Two reported at least two prior attempts. The remaining two reported having seriously considered suicide.

Conclusion

I do not, unfortunately, know the actual impact of my work with these students. I do know, however, that I was deeply moved by their capacity for grieving and for caring for each other. Through our work together, I developed a great deal of caring for these young people, whose behavior had previously not drawn me to them.

Several themes emerged from my encounters with Jason's classmates. They were experiencing the various grief responses and a pronounced fear that others would follow Jason's example. Not only were they greatly afraid of being faced with the loss of yet another friend, but many also feared their own suicidal potential. The incidence of previous suicide attempts was alarming. The death of a friend highlighted several other issues as well: poor self-concept, excessive self-demands, fear of loss, grief over previous losses, self-blame, and self-recrimination.

Although this is not a study of the responses of teachers, administrators, and counselors in the school, my observation is that they feel unprepared to deal effectively with such a tragedy. Perhaps, consequently, they are prone to avoid the issue. In this case, they seemed shocked and almost paralyzed. Most wanted someone else to handle the situation.

Generally, the students who characteristically exhibited such problem behaviors as skipping school and disrupting class were the most verbal participants. These students seemed "stirred up" by Jason's suicide. They were the risk takers again, but this time in a positive and healing way. They were the catalysts who brought their classmates together in more intimate, supportive, and caring ways.

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